U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U - 653

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 04 Through: 12 / 31 / 04				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name John Of Yost	Name Laborers' Local Union #1149				
	Labor Organization File Number 027535				
P.O. Box, Bldg., Room No., if any P.O. Box 368	P.O. Box, Building and Room Number, if any				
Street	Street 98C East Cove Avenue				
City Reader	City Wheeling				
State WV ZIP Code + 4 26167-0					
5. Position in labor organization. President	ZIP Code + 4 26003-508				
President					
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
 A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 	h, or derived income or other economic benefit of nization represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any).	h, or derived income or other economic benefit of nization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
vicious your organ	nization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	nization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	nization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any). Name	nization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.				
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. OO.00 Signature				
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. OO.OO Signature Ty of Perjury and other applicable penalties of the law, that all of the information				
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under penalts submitted in this report (including the information contained in any accounts).	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. OO.OO Signature Ty of Perjury and other applicable penalties of the law, that all of the information				

Name of Person Filing John O. Yost	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptant of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or policedly to an otherwise				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		Signal Agenda			
Street					
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	00,00			
State ZIP Code + 4	The second of modific received				
-	12.b. Amount.	00.00			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	00.00			